



Recd. 12/2/2014
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CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: <u>10/20/2014</u> To: <u>11/24/2014</u> Mo Day Year Mo Day Year	
1. Committee I.D. Number <u>150331</u>	4. Candidate Last Name <u>Begick</u> First Name <u>Vaughn</u> M.I. <u></u>
2. Committee Name <u>Committee to Elect Vaughn J. Begick Commissioner</u>	4a. Office Sought Including District # or Community Served (If applicable) <u>3rd Dist Bay Co</u>
	4b. County of Residence <u>Bay</u> Driver License # (Optional) <u></u>
5. Committee's Mailing Address <u>522 N Madison</u> Bay City MI 48708 Area Code and Phone <u>(989) 894-5007</u>	6. Treasurer's Name & Residential Address <u>John Nyquist</u> <u>311 N. Grant</u> Bay City MI 48708 Area code & Phone <u>(989) 450-1721</u> Driver License # (Optional) <u></u>
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	
7. Treasurer's Business Address <u>522 N MADISON AVE</u> Bay City MI 48708 Area Code and Phone <u>(989) 894-5007</u>	8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper) <u>Margie Begick</u> <u>5353 Lorraine Court</u> Bay City MI 48706 Area Code and Phone <u>(989) 686-0578</u> Driver License # (Optional) <u></u>
9. TYPE OF STATEMENT	
9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election	
Pre-Election or Post-Election Statement relates to:	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus	
Date of Election, Convention or Caucus <u>11/04/2014</u> Month Day Year	
9c. <input type="checkbox"/> Annual Statement (____ Coverage Year)	
9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)	
9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____ Mon Day Year	
By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.	
10. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.	
Current Treasurer or Designated Recordkeeper <u>John Nyquist</u> Signature <u>John Nyquist</u> Date <u>12/01/2014</u> Type or Print Name Mo Day Year	
Candidate <u>Vaughn Begick</u> Signature <u>Vaughn Begick</u> Date <u>12/01/2014</u> Type or Print Name Mo Day Year	

Authority granted under P.A. 388 of 1976

X



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 150331

2. Committee Name Committee to Elect Vaughn J. Begick Comm-
issioner

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0.00</u>	(18.) \$ <u>5824.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0.00</u>	(20.) \$ <u>5824.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>288.50</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1056.47</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>3.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1059.47</u>	(23.) \$ <u>3273.38</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>4377.58</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + <u>0.00</u>	
	(15.) = <u>4377.58</u>	
15. SUBTOTAL Add Lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - <u>1059.47</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>3318.11</u> *	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 150331

2. Committee Name Committee to Elect Vaughn J. Begick Comm-
issioner

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 1 Name: The Atrium Address: 1100 North Water Bay City MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Night</u> Expenditure Code <u>EN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/04/2014	808.43
Expenditure # 2 Name: Bay City Democrat Address: 309 Ninth St Bay City MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>Raffle tickets</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/19/2014	248.04

Subtotal this page

1056.47

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

1056.47

Enter this total
on line 8a of
Summary Page